


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90026 010 ****61.25

DOCUMENT # N98000006060 1. Entity Name GULF SHORES SERTOMA, INC.					
Principal Place of Business PO BOX 12 NEW PORT RICHEY, FL 34656			Mailing Address PO BOX 12 NEW PORT RICHEY, FL 34656		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3526513	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TINKER, LISA GULF SHORES SERTOMA 7017 PARK AVENUE NEW PORT RICHEY, FL 34652				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TONKIN, GINNA		NAME		
STREET ADDRESS	7141 KAPP COURT		STREET ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY, FL 34653		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, NENA		NAME		
STREET ADDRESS	12230 CITATION RD		STREET ADDRESS		
CITY - ST - ZIP	SPRING HILL, FL 34610		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OJEDA, NANCY		NAME	PD	
STREET ADDRESS	9920 SAN MATEO WAY		STREET ADDRESS		
CITY - ST - ZIP	PORT RICHEY, FL 34668		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD	
STREET ADDRESS			STREET ADDRESS	Carol Holbert	
CITY - ST - ZIP			CITY - ST - ZIP	5919 Consuello DR	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Holiday, FL 34690	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>NENA M. MYERS</u> NENA M. MYERS <u>2/17/2007</u>					